
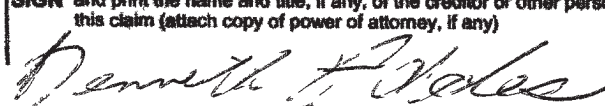

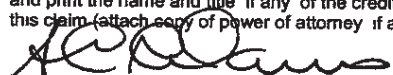



# EXHIBIT C




|   |  |   |  |
|---|--|---|--|
| <b>Name of Debtor</b><br>USA Commercial Mortgage Company  |  | <b>Case Number</b><br>06-10725-LBR  |  |
| NOTE: See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503  |  | <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars                 </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case                 </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.                 </div> |  |
| <b>Name of Creditor and Address:</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">                     11321242033465                 </div><br>ADDES, KENNETH IRA<br>100 W BROADWAY APT # 7V<br>LONG BEACH NY 11561   |  | IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT<br><br>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.<br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again<br><br><b>THIS SPACE IS FOR COURT USE ONLY</b>   |  |
| <b>Creditor Telephone Number</b> (516) 897-3810/3820  |  | Last four digits of account or other number by which creditor identifies debtor:<br>6263  |  |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <u>Interest</u>  |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS #: _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)  |  |
| <b>2 DATE DEBT WAS INCURRED:</b>  |  | <b>3. IF COURT JUDGMENT, DATE OBTAINED:</b>   |  |
| <b>4. CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed<br>See reverse side for important explanations  |  |   |  |
| <b>UNSECURED NONPRIORITY CLAIM</b> \$ <u>30,878.66</u><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority   |  | <b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)<br>Brief description of collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>380,878.66</u>   |  |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)<br>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.  |  |
| <b>5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:</b> \$ <u>30,878.66</u> (unsecured) \$ <u>350,000.00</u> (secured) \$ _____ (priority) \$ <u>380,878.66</u> (Total)   |  |   |  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges   |  |   |  |
| <b>6. CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim   |  |   |  |
| <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |   |  |
| <b>8 DATE-STAMPED COPY.</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim  |  |   |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)<br>BY MAIL TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P O Box 911<br>El Segundo, CA 90245-0911  |  | THIS SPACE FOR COURT USE ONLY<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;">                     FILED DEC 08 2006<br/>                     USA CMC<br/> <br/>                     1072501623                 </div>  |  |
| <b>DATE</b><br>12/2/06  |  | <b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)<br>   |  |

| PROOF OF CLAIM  |   |
|---|---|
| <b>Name of Debtor</b><br><b>USA Commercial Mortgage Company</b>   | <b>Case Number</b><br><b>06-10725-LBR</b>   |
| <small>NOTE See Reverse for List of Debtors and Case Numbers<br/> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>   |   |
| <b>Name of Creditor and Address</b><br><div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> XXXXXXXXXXXXXXXXXXXX 11321242033480<br/> ALAMO ANTONIO<br/> 85 VENTANA CANYON DR<br/> LAS VEGAS NV 89113<br/> <b>ALAMO FAMILY TRUST DATED 12/30/86</b><br/> <b>C/O ANTONIO C. ALAMO TRUSTEE</b> </div>   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. |
| <b>Creditor Telephone Number (702) 617-4911 OR (702) 247-9058</b><br>Last four digits of account or other number by which creditor identifies debtor<br><b>CASE NO BK-S-06-10725 LBR</b>  |   |
| <div style="display: flex; justify-content: space-between;"> <div> Check here if this claim </div> <div> <input type="checkbox"/> replaces<br/> <input type="checkbox"/> or amends </div> <div> a previously filed claim dated _____ </div> </div>  |   |
| <b>1 BASIS FOR CLAIM</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Goods sold<br/> <input type="checkbox"/> Services performed<br/> <input type="checkbox"/> Money loaned </div> <div> <input type="checkbox"/> Personal injury/wrongful death<br/> <input type="checkbox"/> Taxes<br/> <input type="checkbox"/> Other (describe briefly) _____ </div> <div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br/> <input type="checkbox"/> Wages, salaries and compensation (fill out below)<br/> Last four digits of your SS #: _____<br/> Unpaid compensation for services performed from _____ to _____ (date) (date) </div> <div> <input type="checkbox"/> Unremitted principal<br/> <input checked="" type="checkbox"/> Other claims against servicer (not for loan balances) </div> </div> |   |
| <b>2 DATE DEBT WAS INCURRED</b> <u>4/18/05, 6/14/05, 4/19/05, 9/2/05</u> <b>IF COURT JUDGMENT, DATE OBTAINED</b> _____  |   |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |   |
| <b>UNSECURED NONPRIORITY CLAIM \$ UNKNOWN (SEE EXHIBIT A)</b><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.  | <b>SECURED CLAIM</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____    |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)   |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ <u>UNKNOWN</u> (unsecured) \$ _____ (secured) \$ _____ (priority) \$ <u>UNKNOWN</u> (Total)  |   |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |   |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |   |
| <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |   |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br/> BY MAIL TO:<br/> BMC Group<br/> Attn: USACM Claims Docketing Center<br/> P.O. Box 911<br/> El Segundo, CA 90245-0911 </div> <div style="width: 35%; text-align: center;"> <b>THIS SPACE FOR COURT USE ONLY</b><br/> USA CIVIC<br/> <br/> 1072500650<br/> <b>FILED OCT 10 2006</b> </div> </div>   |   |
| <b>DATE</b><br><u>10/18/06</u>  | <b>SIGN</b> and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).<br>   |





| <b>PROOF OF CLAIM</b>   |   |
|---|---|
| <b>Name of Debtor</b><br>USA Commercial Mortgage Company  | <b>Case Number</b><br>06-10725  |
| <b>NOTE</b> See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |   |
| <b>Name of Creditor and Address</b><br>Dr. Gary L. Kantor, as Trustee for the Benefit of<br>Kantor Nephrology Consultants, Ltd., 401(k) Profit<br>Sharing Plan<br>c/o Michael M. Schmahl<br>McGuireWoods LLP<br>77 W. Wacker Drive, Suite 4100<br>Chicago, IL 60601   | <div style="display: flex; flex-direction: column; gap: 10px;"> <div> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.         </div> <div> <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.         </div> <div> <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.         </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b><br/>           If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.         </div> |
| <b>Creditor Telephone Number</b> (312) 849-8100   | <b>THIS SPACE IS FOR COURT USE ONLY</b>   |
| <b>Last four digits of account or other number by which creditor identifies debtor</b>  | Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____.  |
| <b>1 BASIS FOR CLAIM</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Goods sold<br/> <input type="checkbox"/> Services performed<br/> <input type="checkbox"/> Money loaned         </div> <div style="width: 50%;"> <input type="checkbox"/> Personal injury/wrongful death<br/> <input type="checkbox"/> Taxes<br/> <input checked="" type="checkbox"/> Other (describe briefly)<br/>           See Exhibit A         </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br/> <input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br/>           Last four digits of your SS #: _____<br/>           Unpaid compensation for services performed from _____ to _____ (date) (date)         </div> <div style="width: 50%;"> <input type="checkbox"/> Unremitted principal<br/> <input type="checkbox"/> Other claims against servicer (not for loan balances)         </div> </div> |   |
| <b>2 DATE DEBT WAS INCURRED</b>   | <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>   |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |   |
| <b>UNSECURED NONPRIORITY CLAIM \$ Unliquidated</b><br><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.  | <b>SECURED CLAIM</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____   |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)  | <input type="checkbox"/> Up to \$225* of deposits toward purchase, lease, or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)   |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ Unliquidated _____ \$ (unsecured) _____ \$ (secured) _____ \$ (priority) _____ \$ Unliquidated (Total) _____   |   |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |   |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |   |
| <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |   |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |   |
| <b>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</b><br><b>BY MAIL TO:</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911  | <b>THIS SPACE FOR COURT USE ONLY</b><br><div style="font-size: 2em; font-weight: bold; text-align: center;">FILED JAN 13 2007</div> <div style="text-align: center;">           USA CMC<br/> <br/>           1072502311         </div>   |
| <b>DATE</b><br>1/12/07  | <b>SIGN</b> and print the name and title. If any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><i>Dr. Gary L. Kantor, as Trustee for the Benefit of Kantor Nephrology Consultants, Ltd., 401(k) Profit Sharing Plan by Michael M. Schmahl, Esq.</i>  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>UNITED STATES BANKRUPTCY COURT</b><br><b>DISTRICT OF NEVADA</b>  |  | <b>PROOF OF CLAIM</b>   |  | <br><b>YOUR CLAIM IS SCHEDULED AS</b><br>Schedule/Claim ID    s31820<br>Amount/Classification<br>\$12 951 80 Unsecured    ✓   |  |
| Name of Debtor<br><b>USA Commercial Mortgage Company</b>  |  | Case Number<br><b>06-10725-LBR</b>  |  | The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.<br><br>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.<br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><br><b>THIS SPACE IS FOR COURT USE ONLY</b> |  |
| NOTE: See Reverse for List of Debtors and Case Numbers.<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. |  |   |  |
| Name of Creditor and Address<br> 11321240001098<br><b>DAVIS FAMILY TRUST</b><br><b>C/O JOSEPH DAVIS &amp; MARION SHARP CO-TRUSTEES</b><br><b>3100 ASHBY AVE</b><br><b>LAS VEGAS, NV 89102 1908</b>   |  | Creditor Telephone Number (    )<br>Last four digits of account or other number by which creditor identifies debtor<br><b>722                      3997</b>   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>1 BASIS FOR CLAIM</b><br/> <input type="checkbox"/> Goods sold                      <input type="checkbox"/> Personal injury/wrongful death<br/> <input type="checkbox"/> Services performed           <input type="checkbox"/> Taxes<br/> <input checked="" type="checkbox"/> Money loaned                   <input checked="" type="checkbox"/> Other (describe briefly)<br/> <span style="margin-left: 100px;"><b>SEE ATTACHED</b></span> </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br/> <input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br/>         Last four digits of your SS # _____<br/>         Unpaid compensation for services performed from _____ to _____<br/> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(date)</span> <span>(date)</span> </div> </div> </div>   |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>2 DATE DEBT WAS INCURRED</b>    <b>8-17-2004</b> </div> <div style="width: 45%;"> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b> </div> </div>   |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br/><br/> <b>UNSECURED NONPRIORITY CLAIM \$ 750,000.00</b><br/> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.<br/><br/> <b>UNSECURED PRIORITY CLAIM</b><br/> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br/>         Amount entitled to priority \$ _____<br/>         Specify the priority of the claim _____<br/> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br/> <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br/> <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)       </div> <div style="width: 45%;"> <b>SECURED CLAIM</b><br/> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br/>         Brief description of collateral:<br/> <input checked="" type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle    <input type="checkbox"/> Other _____<br/>         Value of Collateral    \$ <b>UNKNOWN</b><br/>         Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <b>750,000.00</b><br/><br/> <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)<br/> <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)<br/> <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (    )<br/>         Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.       </div> </div> |  |   |  |   |  |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">\$ <b>750,000.00</b><br/>(unsecured)</div> <div style="width: 20%;">\$ <b>750,000.00</b><br/>(secured)</div> <div style="width: 20%;">\$ _____<br/>(priority)</div> <div style="width: 20%;">\$ <b>750,000.00</b><br/>(Total)</div> </div> <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |   |  |   |  |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.<br><b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.<br><b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  |   |  |   |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br><b>BY MAIL TO:</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911   |  |   |  | <b>THIS SPACE FOR COURT USE ONLY</b><br><br><div style="font-size: 2em; font-weight: bold;">FILED JAN 13 2007</div><br><br>USA CMC<br><br>1072502334   |  |
| <b>DATE</b><br><b>1-12-07</b>   |  | <b>SIGN</b> and print the name and title. If any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><b>Erven T. Nelson, ATTORNEY</b>  |  |   |  |



|  |  |  |  |   |  |
|--|--|--|--|---|--|
| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA   |  | PROOF OF CLAIM   |  | YOUR CLAIM IS SCHEDULED AS:   |  |
| Name of Debtor<br><b>USA Commercial Mortgage Company</b>   |  | Case Number<br><b>06-10725-LBR</b>   |  | Schedule/Claim ID    s31157<br>Amount/Classification<br>\$12 951 80 Unsecured   |  |
| NOTE See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  |  |  | The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.<br><br>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.<br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><br><b>THIS SPACE IS FOR COURT USE ONLY</b> |  |
| Name of Creditor and Address.<br><b>DAVIS INVESTMENTS<br/>3100 ASHBY AVE<br/>LAS VEGAS, NV 89102 1908</b>  |  | 11321240000195   |  |   |  |
| Creditor Telephone Number (    )<br><b>1130 947</b>  |  | Last four digits of account or other number by which creditor identifies debtor  |  |   |  |
| 1 BASIS FOR CLAIM<br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <b>SEE ATTACHED</b>  |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS #<br>Unpaid compensation for services performed from    to    (date)    (date)   |  | <input checked="" type="checkbox"/> Unremitted principal<br><input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)   |  |
| 2 DATE DEBT WAS INCURRED   |  | 3 IF COURT JUDGMENT, DATE OBTAINED   |  |   |  |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><b>UNSECURED NONPRIORITY CLAIM \$ 1,000,000.00</b><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.<br><b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$<br>Specify the priority of the claim<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5) |  | <b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other<br>Value of Collateral    \$ <b>UNKNOWN</b><br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$<br><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (    )<br>Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |   |  |
| 5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ <b>1,000,000.00</b> (unsecured) \$ <b>1,000,000.00</b> (secured) \$    (priority) \$ <b>1,000,000.00</b> (Total)   |  | <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  |   |  |
| 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  | 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |   |  |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  |  |  |   |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br>BY MAIL TO<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245 0911  |  | BY HAND OR OVERNIGHT DELIVERY TO<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245  |  | THIS SPACE FOR COURT USE ONLY<br><br><b>FILED JAN 13 2007</b><br><br>USA CMC<br>1072502333  |  |
| DATE<br><b>1-12-07</b>   |  | SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)<br><b>ERVEN T. NELSON, ATTORNEY</b>   |  |   |  |

*Penalty for presenting fraudulent claim* Fine of up to \$500 000 or imprisonment for up to 5 years or both 18




FORM B10 (Official Form 10) (10/05)

|  |  |  |
|--|--|--|
| UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Nevada</u>   |  | PROOF OF CLAIM   |
| Name of Debtor<br><u>USA Commercial Mortgage</u>   |  |  |
| Case Number<br><u>06-10725-LBR</u>   |  |  |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503.   |  |  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><u>First Savings Bank Custodian For Janice A. Lucas, IRA</u>  |  | THIS SPACE IS FOR COURT USE ONLY   |
| Name and address where notices should be sent<br><u>Janice Lucas</u><br><u>310 Secret Lake Loop</u><br><u>Lincoln CA 95648</u>   |  |  |
| Telephone number <u>916-645-0158</u>   |  |  |
| Last four digits of account or other number by which creditor identifies debtor _____  |  |  |
| <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.   |  | THIS SPACE IS FOR COURT USE ONLY   |
| <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  |  |  |
| <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   |  |  |
| <input type="checkbox"/> Check here if this claim replaces _____<br><input type="checkbox"/> amends a previously filed claim dated _____.  |  |  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input checked="" type="checkbox"/> Taxes <u>See Exhibit A</u><br><input checked="" type="checkbox"/> Other _____   |  |  |
| <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____<br>(date) (date)  |  |  |
| <b>2. Date debt was incurred</b><br><u>March 2005</u>  |  | <b>3 If court judgment, date obtained</b>  |
| <b>4 Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><u>Unsecured Nonpriority Claim \$ 76,060.67</u><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.  |  |  |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 USC § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(5) |  | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral <u>\$ 1,250,000</u><br>Amount of arrearage and other charges at time case filed included in secured claim if any <u>\$ 1,250.00</u> |
| <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use 11 USC § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8)<br><input type="checkbox"/> Other Specify applicable paragraph of 11 USC § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.  |  | <b>5 Total Amount of Claim at Time Case Filed</b><br><u>\$ 76,060.67</u> (unsecured) <u>\$ 76,060.67</u> (secured) <u>\$ 76,060.67</u> (priority) <u>\$ 76,060.67</u> (Total)  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  | <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |
| <b>7 Supporting Documents.</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  | <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |
| Date<br><u>12/10/07</u>  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><u>Janice A Lucas, IRA</u><br><u>Janice A Lucas, IRA</u> |  |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 USC §§ 152 and 3571




FORM B10 (Official Form 10) (10/05)

|   |  |   |   |                                  |            |         |         |         |             |           |            |         |
|---|--|---|---|----------------------------------|------------|---------|---------|---------|-------------|-----------|------------|---------|
| UNITED STATES BANKRUPTCY COURT  |  | DISTRICT OF Nevada  |   | <b>PROOF OF CLAIM</b>            |            |         |         |         |             |           |            |         |
| Name of Debtor <b>USA Commercial Mortgage company</b>   |  | Case Number <b>06-10725-LBR</b>   |   |                                  |            |         |         |         |             |           |            |         |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  |   |   |                                  |            |         |         |         |             |           |            |         |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>Joy investment inc ,a Nevada Corporation</b>  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |   | THIS SPACE IS FOR COURT USE ONLY |            |         |         |         |             |           |            |         |
| Name and address where notices should be sent<br><b>Joy investment inc<br/>8080 Harborview Road<br/>Blaine, WA 98230</b>  |  |   |   |                                  |            |         |         |         |             |           |            |         |
| Telephone number <b>(360)961-4463</b>   |  |   |   |                                  |            |         |         |         |             |           |            |         |
| Last four digits of account or other number by which creditor identifies debtor   |  | Check here if this claim  | replaces<br>amends a previously filed claim dated _____ |                                  |            |         |         |         |             |           |            |         |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>See Exhibit A</u>   |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed<br>from _____ to _____<br>(date) (date)   |   |                                  |            |         |         |         |             |           |            |         |
| <b>2 Date debt was incurred</b> <u>01-01-2004</u>   |  | <b>3 If court judgment, date obtained</b>   |   |                                  |            |         |         |         |             |           |            |         |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.   |  |   |   |                                  |            |         |         |         |             |           |            |         |
| <b>Unsecured Nonpriority Claim \$ 909,470</b><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.  |  |   |   |                                  |            |         |         |         |             |           |            |         |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)  |  |   |   |                                  |            |         |         |         |             |           |            |         |
| <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>unknown</u><br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>14,000</u>   |  |   |   |                                  |            |         |         |         |             |           |            |         |
| <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.  |  |   |   |                                  |            |         |         |         |             |           |            |         |
| <b>5 Total Amount of Claim at Time Case Filed</b><br><table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">\$ 909,470</td> <td style="text-align: right;">909,470</td> <td style="text-align: right;">909,470</td> <td style="text-align: right;">909,470</td> </tr> <tr> <td style="text-align: center;">(unsecured)</td> <td style="text-align: center;">(secured)</td> <td style="text-align: center;">(priority)</td> <td style="text-align: center;">(Total)</td> </tr> </table> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. |  |   |   |                                  | \$ 909,470 | 909,470 | 909,470 | 909,470 | (unsecured) | (secured) | (priority) | (Total) |
| \$ 909,470  | 909,470  | 909,470   | 909,470   |                                  |            |         |         |         |             |           |            |         |
| (unsecured)   | (secured)  | (priority)  | (Total)   |                                  |            |         |         |         |             |           |            |         |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  |   |   | THIS SPACE IS FOR COURT USE ONLY |            |         |         |         |             |           |            |         |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |   |   |                                  |            |         |         |         |             |           |            |         |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.   |  |   |   |                                  |            |         |         |         |             |           |            |         |
| Date<br><b>1-10-2007</b>  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><br><b>Tariq Chaudhry-Treasurer</b> |   |   |                                  |            |         |         |         |             |           |            |         |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. § 1573



FILED JAN 11 2007

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>UNITED STATES BANKRUPTCY COURT<br/>DISTRICT OF NEVADA</b>   |  | <b>PROOF OF CLAIM</b>   |  | <br><b>YOUR CLAIM IS SCHEDULED AS</b>  |  |
| Name of Debtor<br><b>USA Commercial Mortgage Company</b>   |  | Case Number<br><b>06-10725-LBR</b>  |  | Schedule/Claim ID    s31845<br>Amount/Classification<br>\$11 538 46 Unsecured<br><br><b>842,140.36 Secured</b>   |  |
| NOTE See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  |   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.  |  |
| Name of Creditor and Address<br> 11321240001113<br>JOYCE E SMITH TRUST DATED 11/3/99<br>C/O JOYCE E SMITH TRUSTEE<br>3080 RED SPRINGS DR<br>LAS VEGAS NV 89135 1548   |  |   |  | The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.<br><br>If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filed.<br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><br><b>THIS SPACE IS FOR COURT USE ONLY</b> |  |
| Creditor Telephone Number <b>(702) 240-8007</b><br>Last four digits of account or other number by which creditor identifies debtor   |  |   |  |  |  |
| Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated _____.  |  |   |  |  |  |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against services (not for loan balances)<br><input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____<br>Last four digits of your SS #: _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date) |  |   |  |  |  |
| <b>2 DATE DEBT WAS INCURRED</b> <u>11-21-13</u> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>  |  |   |  |  |  |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.   |  |   |  |  |  |
| <b>UNSECURED NONPRIORITY CLAIM \$</b><br><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.   |  |   | <b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral    \$ <u>842,140.36</u><br>Amount of arrearage and other charges at time case filed included in secured claim, if any    \$ <u>842,140.36</u>                                 |  |  |
| <b>UNSECURED PRIORITY CLAIM</b><br><input checked="" type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority    \$ <u>11,538.46</u><br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)                             |  |   | <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(____).<br>Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |  |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b><br>\$ <u>11,538.46</u> (unsecured)    \$ <u>842,140.36</u> (secured)    \$ _____ (priority)    \$ <u>853,678.82</u> (Total)  |  |   |  |  |  |
| <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  |   |  |  |  |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  |   |  |  |  |
| <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |   |  |  |  |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |   |  |  |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br>BY MAIL TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245 0911   |  |   |  | <b>THIS SPACE FOR COURT USE ONLY</b><br><br><b>FILED OCT 31 2006</b><br><br>USA CMC<br><br>1072500893   |  |
| DATE<br><u>10-28-06</u>  |  | SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><u>Joyce E. Smith Trustee</u> |  |  |  |



| <b>PROOF OF CLAIM</b>  |  |
|--|--|
| <b>Name of Debtor</b><br>USA Commercial Mortgage Company   | <b>Case Number</b><br>06-10725   |
| <b>NOTE</b> See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |  |
| <b>Name of Creditor and Address</b><br>Dr. Gary L. Kantor<br>c/o Michael M. Schmahl<br>McGuireWoods LLP<br>77 W Wacker Drive, Suite 4100<br>Chicago, IL 60601  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.          |
| <b>Creditor Telephone Number (312)</b> 849-8100  |  |
| <b>Last four digits of account or other number by which creditor identifies debtor</b>   |  |
| <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><b>THIS SPACE IS FOR COURT USE ONLY</b>   |  |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances)<br><input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) See Exhibit A      Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date) |  |
| <b>2 DATE DEBT WAS INCURRED</b> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>  |  |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.   |  |
| <b>UNSECURED NONPRIORITY CLAIM \$ Unliquidated</b><br><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.  | <b>SECURED CLAIM</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral: _____<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____ |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)  | <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)  |
| <b>5 TOTAL AMOUNT OF CLAIM \$ Unliquidated</b> \$ _____      \$ _____      \$ Unliquidated<br>AT TIME CASE FILED      (unsecured)      (secured)      (priority)      (Total)  |  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  |
| <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |
| <b>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</b><br><b>BY MAIL TO:</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911<br><b>BY HAND OR OVERNIGHT DELIVERY TO:</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245  |  |
| <b>DATE</b><br>1/12/07   | <b>SIGN</b> and print the name and title. If any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).<br><i>Gary L. Kantor, M.D., by Michael M. Schmahl, Esq. (with authority)</i><br>Gary L. Kantor, M.D., by Michael M. Schmahl, Esq. (with authority)   |

**THIS SPACE FOR COURT USE ONLY**  
**FILED JAN 13 2007**

